THOMAS (T. G.)

A Successful Case of Cæsarean Section

With kind regards of
T. Gaillard Thomas.

BY

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ANTISEPTIC surgery in its long list of triumphs can point to none which is more illustrious than the "renaissance" of one of the oldest operations known to medicine, the Cæsarean section. Conceived and practised in the very earliest periods of the world's history, this procedure, eminently simple in all its details and offering itself as a precious resource where two lives are often at stake, has been, until very recently, deprived of most of its usefulness by the small percentage of success which has attended its performance. Thanks to the great discovery of the source of sepsis and of its preventive means, this "opprobrium chirurgiæ" has to-day assumed, and is destined forever to maintain, its place as one of the benign and most serviceable resources of our art. No physician who reads aright the signs of the times can for a moment doubt that the operation of the Cæsarean section will in the future yield almost as good results as those now yielded by laparotomy, performed for the removal of ovarian and uterine tumors; no progressive obstetrician will fail to recognize that it is about to relegate to the desuetude which it deserves that sad and disgusting procedure, craniotomy, with its revolting details, its terrible responsibilities, and its confession of the poverty of obstetric resource.

That the day will ever, or should ever, come when craniotomy will be eliminated from obstetric surgery I do not believe. It will always, and should always, have a place in the list of operations; but its place should be a

small one ; its claims as a resource should be to the last degree curtailed ; its influence over the obstetric mind of the nineteenth century to the last degree minimized.

Resorted to, as it often is, as a screen for incompetency on the part of the obstetrician ; practised, as it sometimes is, because its brutal simplicity puts it at the disposal of one unprepared to offer to his patient procedures requiring a higher order of education and skill, craniotomy is a crime, the commission of which will not be much longer condoned by the medical profession of our time. And yet, while expressing myself thus strongly on one side of the argument, I regard the man who declares that "under no circumstances would he perform the operation upon a living child" as one who acknowledges that he would culpably shrink from a duty which, in certain rare cases, is as plain as it is painful, and the neglect of which would, without doubt, place the responsibility of a woman's death at his door !

As I look back upon an experience of nearly forty years of obstetric practice, I recall none which has been so painful as that connected with decisions upon this point. Happy the man whose retrospect gives him no qualms of conscience, no painful memories in a field so pregnant with the possibilities of regret !

Certain it is that, with reference to this subject, the "old landmarks" have been materially altered. He who at the bedside to-day draws deductions from the old data ; nay, even he whose practice is guided by the statistics of Cæsarean section accumulated just prior to the last decade, uninfluenced by the brilliant results obtained by Saenger and Fritsch, in Europe, and by Lusk, Kelly, and others in this country, is destined to a revelation, to an obstetrical awakening, which will make him aware of the fact that in this regard a new era has been established and placed upon a basis which promises to be an enduring one.

On January 24, 1892, Dr. J. J. Hull called upon me with the request that I would perform the operation of laparo elytrotomy for him upon a patient of his then in the Nursery and Child's Hospital in this city. I replied

that, in view of the excellent results obtained in late years from the Cæsarean section, I looked upon laparo elytrotomy as being no longer a warrantable procedure; that when I had advocated and practised it the statistics of Cæsarean section were so very bad that I felt justified in my support of it; but that now, in face of the excellent results which had attended the older procedure, I should give the preference to that operation, which I was very willing to undertake in this case.

Photograph of mother and child, taken on the twenty-first day after Cæsarean section.

Upon visiting the patient with Dr. Hull, I found her to be an English dwarf, twenty years of age, 4 feet 5 inches in height, who had lived in London, England, until three years ago, when she immigrated to this city. During her stay here she had supported herself by acting as a servant in a private family, and had enjoyed excellent health. This was her first pregnancy, and was an illegitimate one. By careful calculation she felt sure that it would reach its full term of nine months in a week from that time. She is a woman of good intelligence and a fair order of education, and we had every reason, not only from her statements, but

from the physical signs of her pregnancy, the period of menstrual cessation, and the period of quickening, to put confidence in her deductions.

The following results of investigations and measurements of the pelvis, carefully made by different members of the visiting staff, alone, and in consultation, were recorded: *a*, Distance between antero-superior spines of ilia, $8\frac{5}{8}$ inches; *b*, greatest divergence of iliac crests, $10\frac{1}{8}$ inches; *c*, internal conjugate diameter of superior strait, $2\frac{5}{6}$ inches; *d*, spinal column straight; *e*, extremities of long bones large.

These considerations: 1st, The apparently large size and vigorous state of the child; 2d, the fact that the full term of utero-gestation seemed to have been reached; and 3d, the narrowness of the conjugate diameter of the pelvic brim, led Dr. Hull and myself to believe that Cæsarean section would be a more appropriate procedure, in our patient's management, than an effort to deliver by the natural passages, with the great probability of having to resort to craniotomy, with its certainty of death to the child, and its great dangers to the mother.

A consultation of the visiting staff of the hospital was called, and, eight votes being cast, it resulted in favor of the Cæsarean section. For the purpose of availing ourselves of the normal contractions of the uterus at full term, everything was prepared for the operation, and the house surgeon was directed to summon me and my colleagues as soon as labor fully set in. To our surprise, we waited just five weeks, the patient stoutly and positively declaring during this time, as she does at the present moment, that she was going to the end of the tenth month of gestation. Everything connected with the case leads me to feel quite sure that in this belief she is perfectly correct.

On the night of Sunday, February 28th, at ten o'clock, we were called to the hospital, and found the patient advancing into the first stage of labor. The os uteri was as large as a silver dollar, the cervical mucous plug had passed away, and uterine efforts were occurring every eight or ten minutes, and were strong and decided in character.

Before describing the operation, I will say that every antiseptic precaution known to science was adopted; not even the most insignificant was neglected. This will save me the trouble of again alluding to this matter.

The patient having been placed in the ordinary dorsal-decubitus and anæsthetized with chloroform, I proceeded to operate in the presence of Professor W. T. Lusk, and Drs. J. J. Hull, Lambert, and Brattenall, and assisted by Drs. H. D. Nicoll, A. J. McCosh, Hayt, the house surgeon of the hospital, and Stewart Paton. The operation consisted of the following steps:

1. A long incision was made, extending from about two inches above the umbilicus downward nearly to the symphysis pubis, and passing through the peritoneum.

2. Three sutures of silk, twelve inches long, were then passed at the upper extremity of this incision, and left untied.

3. The uterus was then lifted out of the abdominal cavity, and, being carefully enveloped in a moist antiseptic towel, was given into the hands of my first assistant.

4. A large, flat sponge was then placed over the intestines at the upper extremity of the incision, and the abdominal walls were closed over it by tying the three silk sutures already mentioned as being left loose at this point.

5. A bit of elastic tubing was then passed around the cervix uteri, and a single knot made in it, but no constriction was practised.

6. A small sponge was then put in the lower angle of the wound, and the point of exit of the uterus from the abdomen was carefully and thoroughly protected against possible entrance of fluids by moist antiseptic towels and gauze.

7. The uterus was then opened, first by bistoury, and then the opening was enlarged by scissors.

8. The child's feet being then seized, it was removed; the cord was secured by clamps and severed, and the child, a large and vigorous boy, was given into the hands of Dr. Hayt.

9. The placenta, which was unusually large, was de-

tached without effort, falling away like ripe fruit from a tree, and leaving less of a sign of its place of attachment to the uterus than any placenta that I have ever seen.

10. Slight hemorrhage occurring, Dr. McCosh tightened the cervical ligature and stopped it.

11. The uterus was cleansed with a sponge, and the cavity was dusted lightly with iodoform.

12. The uterine incision was then closed with deep sutures of silk, three to an inch, involving the uterine muscular tissue down to the mucosa, and with intervening superficial sutures of the same material, one to every interspace.

13. The uterus was then returned to the abdomen; the sponges, already mentioned as left at the extremities of the wound, were removed; the peritoneal cavity sponged out; the omentum drawn down over the uterus; and fluid extract of ergot injected into the patient's thigh hypodermatically.

14. The abdominal wound was then closed exactly as after an ovariotomy operation, with silk-worm gut suture; the ordinary antiseptic dressing applied, and the patient put to bed, with directions that no food or drink be given, and that in case of severe pain the house surgeon should give morphia hypodermatically in moderate doses.

During the night Dr. Hayt found it necessary to use morphia three times on account of pain, but no other indication developed itself.

The after-history of the case was so uneventful that there is no reason for exhibiting a chart of it. Upon Dr. Hayt's examination of the child the following measurements were obtained:

SKULL.

Diameters.

	Inches.
Occipito-mental	5⅝
Occipito-frontal	5
Sub-occipito-bregmatic	3⅞
Bi-parietal	4
Bi-temporal	3⅝
Fronto-mental	3½

Circumferences.

	Inches.
Occipito-frontal	14½
Sub-occipito-bregmatic	13
Length of child	23
Across shoulders	5⅝
Across hips	6

Weight..... 10 pounds, 15 oz.

The operation of the Cæsarean section is one of signal simplicity and ease of performance. Were I asked upon what the future grand and glorious results of this operation are chiefly to depend, I should, with abiding confidence and implicit faith, reply, "Upon care;" *i.e.*, upon a conscientious and minute attention to details, more especially to those relating to antisepsis.

The operation which I here put on record prompts the following suggestions as to details:

1. I regard the lifting of the uterus out of the abdomen, and the partial closure of the abdominal walls before cutting into it, as a very important step, and one which conduces greatly to the prevention of the entrance of septic fluids into the peritoneal cavity. In no future case would I neglect it.

2. While undue haste should be avoided, rapidity of operation should be striven after. The demands even of a rapid operation upon the nervous system of the woman are necessarily great, and the tardy manipulations of an operator who wastes precious time in discussions, in asking opinions, and in illustrating views are greatly to be deprecated. The time is not propitious for a clinical lecture!

3. In lengthy operations I much prefer ether to chloroform; in this one, I prefer chloroform to ether, from the fact that vomiting subsequent to operation is a source of danger to the uterine sutures, and may force out fluids from the uterine cavity into the peritoneum, even if it do not disturb the sutures.

4. It is a matter of the first importance that the op-

eration should be performed, not before nor after, but during the first stage of labor. Before full establishment of this, and after escape of the liquor amnii, the chances of success are greatly diminished.

Before closing this paper I venture upon a digression, which I feel sure that my readers will pardon. The woman who was the subject of this operation lay in the same room which was occupied by a patient of similar physical conformation, whom I delivered of a fine boy, fifteen years ago, by the operation of laparo-elytrotomy, and who left the hospital three weeks after the operation, carrying her lusty infant in her arms.

"The statistical results of laparo-elytrotomy," says Lusk, in his masterly work upon obstetrics, "are the saving of seven mothers in thirteen operations. But in no one of the fatal cases were the conditions such as to render success a possibility." The operation failed to become a recognized and well-established surgical procedure, not on account of its own shortcomings, but because the modern improvements in the Cæsarean section have put that operation far above laparo-elytrotomy in ease, precision, and certainty of result.

In the name of simple justice it must be remembered that the recent grand results of the Cæsarean section have been obtained under the magical influence of "antisepsis;" while those of laparo-elytrotomy were obtained not only without that adjuvant circumstance, but at a time when the statistics of Cæsarean section were so very bad as to render it a rare procedure, and one limited in its scope to very desperate cases and the most forlorn circumstances.

Nevertheless, all things being considered, I close this article as I commenced it, with the frank admission that in view of the recent results obtained from the operation of the Cæsarean section, I should not feel warranted in performing laparo-elytrotomy; which is tantamount to the confession that "it has been weighed in the balance, and (by comparison) found wanting."